



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 155633		2. Exact name of the Corporation OLSON BROTHER'S HAULING, INC.			
3. Principal office address 15 FISHER STREET			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 401-490-0018			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island HAULING OF CONSTRUCTION/LANDSCAPE MATERIALS					
President Name GORDON OLSON			Vice-President Name GREGORY OLSON		
Street Address 41 MEADOWBROOK LANE			Street Address 15 FISHER STREET		
City NORTON	State MA	Zip 02766	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name GORDON OLSON			Treasurer Name GREGORY OLSON		
Street Address 41 MEADOWBROOK LANE			Street Address 15 FISHER STREET		
City NORTON	State MA	Zip 02766	City EAST PROVIDENCE	State RI	Zip 02914
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1-6-14
 Signature of Authorized Representative Date
GORDON OLSON
 Print or Type Name of Authorized Representative

FILED

JAN 08 2014

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